## 12030711562

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 JAN 20 AM IO: 18

FORM 1	:	ORGANIZATION			FEC MAJILLOGE NATION		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typing, type the lines.	12FE4N	Barindhimadan millimad	
Freedom F	Path A	ction Network	<u> </u>		1111		
<u> </u>	1 1 1		1-1-1-				
ADDRESS (number a	nd street)	4790 Caugh	lin Pa	kway	<u> </u>		
(Check if address is changed)		#757	1111				
		Reno	<del>                                     </del>	لتستسا	NV	89519	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only on	ne e-mail add	ress)		•	
(Check If	addraec	info@freedo	mpath	nactionnety	νρηκ, οις	1	
ls change				1.1.1.1.1.1		<u>, , , , , , , , , , , , , , , , , , , </u>	
	DAGE ADI	22500 (UDL)					
COMMITTEE'S WEB	PAGE AUL	1					
(Check if is change			1. 1. 1.			<u> </u>	
sg.			<del>                                     </del>	1.1.1.1.1.1.			
2. DATE 01	′ 19	′ <u>2</u> 012 ′					
3. FEC IDENTIFIC	CATION NL	мве <b>я</b> С	00492	504			
4. IS THIS STATE	MENT	NEW (N) OR	$\boxtimes$	AMENDED (A)			
I certify that I have e	examined th	is Statement and to the b	est of my ki	nowledge and belief	it is true, corre	ect and complete.	
Type or Print Name	of Treasurer	Scott Benşi	ing				
Signature of Treasure		Two !	2/1	X	Date 0	1"   19°   2012	
NOTE: Submission of		ous or incomplete informati ANY CHANGE IN INFORM				to the penalties of 2 U.S.C. §437g.	
Office Use Only			14	For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

	_ F	EC Fo	rm 1 (Revised 02/2009)	Page 2							
5.			OMMITTEE								
		didate	Committee:								
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)							
	(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
	Name Cand										
	Candidate Party Affiliation		Office Sought: House Senate President	State							
	Party	Annau	on Sought: House Senate President	District							
	(c)		committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Cand										
	Part	y Con	nmittee:								
	(d)		(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.							
	Polit	ical A	ction Committee (PAC):								
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:							
			Corporation Corporation w/o Capital Stock	Labor Organization							
			Membership Organization Trade Association	Cooperative							
			In addition, this committee is a Lobbyist/Registrant PAC.								
	(f)	$\square$	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated fund or party							
			committee. (i.e., nonconnected committee)								
			In addition, this committee is a Lobbyist/Registrant PAC.								
			In addition, this comenitine is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint	t Fund	raising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal randidate								
	(h)	$\Box$	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	-							
		ليا	committees/organizations, none of which is an authorized committee of a federal candidate.								
		Com	mittees Participating in Joint Fundraiser								
		1.	FEC ID number C								
		2.	FEC ID number C								
		3.	FEC ID number C								
		4.	FEC ID number C								

	FEC FORI 1 (A	evised 02/2009)						
Write or Type Committee Name								
Freedom Path Action Network								
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
۱N	IONE							
L								
	Mailing Address							
		CITY STATE ZIP CODE						
	Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor						
<del></del>	Custodian of Records.	ds: Identify by name, address (phone number optional) and position of the person in possession of committee						
	<b>.</b>	alaria Dhillina						
	Full Name	alerie Phillips						
	Mailing Address	PO Box 1093						
		Austin TX 78767						
	Title or Position	CITY STATE ZIP CODE						
	Assistant Tro	easurer Telephone number [202, ]-[309, ]-[4402,						
8.		ame and address (phone number optional) of the treasurer of the committee; and the name and address of (e.g., assistant treasurer).						
	Full Name of Treasurer	cott Bensing						
	Mailing Address	4790 Caughlin Parkway						
		<u> #757,                                   </u>						
		Reno NV 89519 -						
	Title or Position	CITY STATE ZIP CODE						
	Treasurer	Telephone number						
1		The state of the s						

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Valerie Phillips

Full Name of Designated

Mailing Address

Agent

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No Postmark	·		
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Next Business			
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Received from Senate Public Records Office	Date of Receipt		
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Other (Specify):	ceipt or Postmarked		
R	1/20/12		
PREPARER (3/2005)	DATE PREPARED		